10/51.064

SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. IND. DEP. DEP. -19 TOTAL TOTAL DEA TOTAL DEP 1.1.1.1.1 * may be used for additional glaims or abmendments

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